County: Washington CEDAR LAKE HEALTH CARE CENTER 5595 HWY Z WEST BEND 53095 Phone: (262) 334-9487
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 383
Total Licensed Bed Capacity (12/31/00): 383
Number of Residents on 12/31/00: 288 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Non-Profit Church Related Skilled Yes Yes 326

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	% 	Less Than 1 Year 1 - 4 Years	17. 0 46. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.8	More Than 4 Years	36. 8
Day Servi ces	No	Mental Illness (Org./Psy)	32. 6	65 - 74	6. 3		
Respite Care	No	Mental Illness (Other)	6. 6	75 - 84	28. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	50. 7	***************	*********
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.7	95 & 0ver	11.8	Full-Time Equival	
Congregate Meals	No	Cancer	2.4			Nursing Staff per 100	Resi dents
Home Delivered Meals	No	Fractures	4. 5		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	13. 2	65 & 0ver	97. 2		
Transportation	No	Cerebrovascul ar	15. 6			RNs	12. 2
Referral Service	No	Di abetes	2.4	Sex	%	LPNs	7. 6
Other Services	No	Respi ratory	4. 2			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	17. 7	Male	20. 8	Aides & Orderlies	43. 4
Mentally Ill	No			Female	79. 2		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Privat			ri vate	Pay		Managed	l Care	Percent	
			Per Die	em	n Per Diem			Per Diem				Per Diem		Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	10	83. 3	\$277. 17	10	5. 2	\$168.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	20	6. 9%
Skilled Care	2	16. 7	\$226. 33	157	82. 2	\$142.96	Ŏ	0. 0	\$0.00	58		\$177.00	Ŏ	0. 0	\$0.00	217	75. 3%
Intermediate				24	12.6	\$120.96	0	0.0	\$0.00	26	30.6	\$168.00	0	0. 0	\$0.00	50	17. 4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	1	1. 2	\$145.00	0	0.0	\$0.00	1	0.3%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	12	100.0		191	100. 0		0	0.0		85	100.0		0	0.0		288	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 2.8 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 5. 6 Baťhi ng 1.0 70.8 28. 1 288 Other Nursing Homes 0.7 **Dressing** 9. 7 61.8 28. 5 288 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 77.5 Transferring 25.3 23.3 288 51.4 288 30.6 0.7 Toilet Use 15. 6 53.8 288 3. 5 33.0 17.7 ****** Other Locations 9. 2 Total Number of Admissions 142 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4. 9 3. 1 Private Home/No Home Health 10.4 Occ/Freq. Incontinent of Bladder 31. 3 0.3 Private Home/With Home Health 8.6 Occ/Freq. Incontinent of Bowel 19.8 0.0 Other Nursing Homes 1.4 1.7 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 6.8 Mobility 2.4 Physically Restrained 1.7 0. 9 68. 4 0.0 Other Locations 19.9 Skin Care Other Resident Characteristics 4. 2 Deaths 52.0 With Pressure Sores Have Advance Directives 84.7 Total Number of Discharges With Rashes Medi cati ons 1.0 (Including Deaths) Receiving Psychoactive Drugs 12. 5

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	Ownershi p: Thi s Nonprofi t			Bed	Si ze:	Li ce	ensure:		
				20	+00	Ski l	led	Al l	
	Facility		Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85. 1	91.5	0. 93	80. 3	1.06	81. 9	1.04	84. 5	1.01
Current Residents from In-County	66. 7	87. 4	0. 76	84. 7	0. 79	85. 6	0. 78	77. 5	0.86
Admissions from In-County, Still Residing	32. 4	27. 5	1. 18	28. 9	1. 12	23. 4	1. 38	21. 5	1.51
Admissions/Average Daily Census	43.6	115. 2	0. 38	96. 3	0. 45	138. 2	0. 32	124. 3	0. 35
Discharges/Average Daily Census	67. 8	118. 5	0. 57	100. 6	0. 67	139. 8	0. 48	126. 1	0. 54
Discharges To Private Residence/Average Daily Census	12. 9	35. 5	0. 36	26. 4	0. 49	48. 1	0. 27	49. 9	0. 26
Residents Receiving Skilled Care	82. 3	89. 5	0. 92	88. 4	0. 93	89. 7	0. 92	83. 3	0. 99
Residents Aged 65 and Older	97. 2	96. 9	1.00	90. 4	1.08	92. 1	1.06	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	66. 3	57. 6	1. 15	73. 5	0. 90	65. 5	1. 01	69. 0	0. 96
Private Pay Funded Residents	29. 5	35. 4	0. 83	18. 7	1. 58	24. 5	1. 21	22. 6	1. 31
Developmentally Disabled Residents	0. 0	0. 4	0.00	1. 2	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	39. 2	30. 8	1. 27	33. 1	1. 19	31. 5	1. 25	33. 3	1. 18
General Medical Service Residents	17. 7	24. 9	0. 71	20. 6	0.86	21.6	0. 82	18. 4	0. 96
Impaired ADL (Mean)	52. 8	50. 5	1.05	52. 0	1. 01	50. 5	1.05	49. 4	1.07
Psychol ogi cal Problems	12. 5	45. 5	0. 27	49. 4	0. 25	49. 2	0. 25	50. 1	0. 25
Nursing Care Required (Mean)	10. 2	6. 6	1. 55	6. 8	1.49	7. 0	1.44	7. 2	1.42